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CONFIRMATION NO. 2874

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/606,299 | <b>FILING OR 371(c) DATE</b><br>06/24/2003<br><b>RULE</b> | <b>CLASS</b><br>600 | <b>GROUP ART UNIT</b><br>3762 | <b>ATTORNEY DOCKET NO.</b><br>A03P1046US01 |
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\*\* CONTINUING DATA \*\*\*\*\*

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

mk

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

09/10/2003

|   |                        |                      |                    |                         |
|---|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>12 | TOTAL CLAIMS<br>22 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                      |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature <i>mk</i> Initials <i>mk</i>  |                        |                      |                    |                         |

## ADDRESS

36802

## TITLE

System and method for detecting cardiac ischemia based on T-waves using an implantable medical device

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>786 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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